



Member ID# (if renewing and known) _____ circle one: **Male** **Female**

Name: _____ D.O.B.: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Email address: _____

* Ensure you get all benefits by maintaining a current email address.

STEP 1 - Select your membership category based on your age

- ___ Youth: 15 and under - not H.S. player\$25
- ___ High School: 18 and under.....\$35
- ___ Adult: Ages 18+.....\$50

STEP 2 - Select all categories where you participate:

(You must identify each category of participation to obtain insurance coverage for that category. There is no additional charge for multiple categories)

- ___ **PLAYER**
- ___ **COACH (Check all that apply)**
- | | |
|---|---|
| Men's | Women's |
| <input type="radio"/> Youth | <input type="radio"/> Youth |
| <input type="radio"/> HS Assistant for JV/Varsity | <input type="radio"/> HS Assistant for JV/Varsity |
| <input type="radio"/> HS JV Head Coach | <input type="radio"/> HS JV Head Coach |
| <input type="radio"/> HS Varsity Head Coach | <input type="radio"/> HS Varsity Head Coach |
| <input type="radio"/> HS Club | <input type="radio"/> HS Club |
| <input type="radio"/> College Club | <input type="radio"/> College Club |
| <input type="radio"/> College Assistant | <input type="radio"/> College Assistant |
| <input type="radio"/> College Varsity Head | <input type="radio"/> College Varsity Head |
| <input type="radio"/> Post-Collegiate Club | <input type="radio"/> Post-Collegiate Club |

*For information on becoming a CEP certified coach please visit: www.uslacrosse.org/cep.

- ___ **OFFICIAL (Check all that apply)**
- | | |
|---------------------------------------|----------------------------------|
| Men/Boys' | Women/Girls' |
| <input type="radio"/> Youth | <input type="radio"/> Youth |
| <input type="radio"/> High School | <input type="radio"/> Apprentice |
| <input type="radio"/> Post-Collegiate | <input type="radio"/> Local |
- If you are a college official or assignor, contact US Lacrosse for the appropriate form.
- If your umpire level is district or higher, contact US Lacrosse for the appropriate form.

Enter your District Number _____ Enter your Local Board _____

(Contact US Lacrosse if you do not know your district or board.)

All official category memberships expire 9/30, regardless of date joined.

Officials and coaches receive one rulebook complimentary and may purchase additional rulebooks at \$8 each. Please indicate number for each type:

- | | |
|---|----------------------------|
| ___ Men's NCAA | ___ Women's NCAA |
| ___ Men's HS/Youth (Federation) | ___ Women's HS/Youth (USL) |
| Total additional rulebooks purchased _____ @ \$8 each _____ | |

___ **FAN** (for members who do not participate as a player, coach or official)

Chapter Information: A portion of your dues will be paid to your local Chapter covering your zip code, unless you indicate a different Chapter here (see website for listing):

Charitable Information: Please consider a tax-deductible gift to support the growth of lacrosse nationwide!
US Lacrosse Fund \$ _____ Your total Fee \$ _____

STEP 3 - Complete your payment information

Payment Information:

- Check Enclosed (payable to US Lacrosse)
- Credit Card Card Number: _____
Expiration Date: _____ / _____
Name on Card (if different than above): _____
Address (if different than above): _____

STEP 4 - Please sign waiver to the right

ENROLLMENT FORM AND MEMBER AGREEMENT

Insurance Information

All categories except "Fan" include comprehensive secondary lacrosse insurance and must sign below. Insurance information, including claim forms, can be found on our website: www.uslacrosse.org.

Signature Required for Acceptance of Membership

In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned, recognized or sponsored events ("Covered Events"), I agree to the following:

- 1. Waiver and Release:** I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs and personal representatives, that US Lacrosse, the host organization and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such organization's youth lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such youth lacrosse league shall constitute the host organization for such Covered Events.
- 2. Medical Attention:** I hereby give my consent to US Lacrosse and the host organization of any Covered Event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Covered Events.
- 3. Readiness to Compete:** I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.
- 4. Information Certification:** I certify that all information provided by me in this application, including without limitation my membership category, is true, accurate and complete and I understand that any untrue, inaccurate or incomplete statement or information will automatically invalidate my membership and all of the benefits of membership in US Lacrosse.
- 5. Code of Conduct:** I agree to all terms on the reverse side of this form (refers to accepted US Lacrosse/Positive Coaching Alliance Code of Conduct).

Participant Primary Medical Insurance Carrier is: _____

Policy Number: _____

If participant is under 18, then a parent or legal guardian of this participant must sign.

As member, or as parent or legal guardian of a member under 18, I hereby verify by my signature below that I fully understand and accept each of the above conditions.

Signature: _____

Date: _____

Printed Name of signor: _____

Membership is annual and non-refundable
We suggest you renew online for the fastest and most efficient process:
www.uslacrosse.org

US LACROSSE

Code of Conduct

US LACROSSE AND THE POSITIVE COACHING ALLIANCE

Lacrosse is the oldest American sport. Native Americans played lacrosse centuries ago, long before our colonies were settled. Through lacrosse, Native Americans celebrated and emphasized their spiritual and cultural values.

In an effort to promote appropriate values in the modern game, US Lacrosse has partnered with the Positive Coaching Alliance to promote positive coaching and good sportsmanship for all levels of lacrosse. US Lacrosse has included the following "Lacrosse Code of Conduct" as part of its membership application to encourage and foster appropriate values in players, coaches, parents, officials and spectators. US Lacrosse believes that it should be a priority of every lacrosse player, team, program and league to "Honor the Game."

US LACROSSE CODE OF CONDUCT

Players, coaches, officials, parents and spectators are to conduct themselves in a manner that "Honors the Game" and demonstrates respect to other players, coaches, officials, parents, spectators and fans. In becoming a member of the lacrosse community an individual assumes certain obligations and responsibilities to the game of lacrosse and its participants. The essential elements in this "Code of Conduct" are HONESTY and INTEGRITY. Those who conduct themselves in a manner that reflects these elements will bring credit to the sport of lacrosse, themselves, their team and their organization. It is only through such conduct that our sport can continue to earn and maintain a positive image and make its full contribution to amateur sports in the United States and around the world. US Lacrosse supports the following behaviors for those who participate in the sport or are involved in any way with US Lacrosse. The following essential elements of the "Code of Conduct" must be followed:

- + Sportsmanship and teaching the concepts of fair play are essential to the game and must be taught at all levels and developed both at home and on the field during practices and games.
- + The value of good sportsmanship, the concepts of fair play, and the skills of the game should always be placed above winning.
- + The safety and welfare of the players are of primary importance.
- + Coaches must always be aware of the tremendous influence they have on their players. They are to strive to be positive role models in dealing with young people, as well as adults.
- + Coaches should always demonstrate positive behaviors and reinforce them to players, parents, officials and spectators alike. Players should be specifically encouraged and positively reinforced by coaches to demonstrate respect for teammates, opponents, officials and spectators.
- + Players should always demonstrate positive behavior and respect toward teammates, opponents, coaches, officials, parents and spectators.
- + Coaches, players, parents and spectators are expected to demonstrate the utmost respect for officials and reinforce that respect to players/teammates. Coaches are also expected to educate their players as to the important role of lacrosse officials and reinforce the ideal of respect for the official to players/teammates.
- + Grievances or misunderstandings between coaches, officials or any other parties involved with the sport should be communicated through the proper channels and procedures, never on or about the field of play in view of spectators or participants.
- + Officials are professionals and are therefore expected to conduct themselves as such and in a manner that demonstrates total impartiality, courtesy and fairness to all parties.
- + Spectators involved with the game must never permit anyone to openly or maliciously criticize, badger, harass or threaten an official, coach, player or opponent.
- + Coaches must be able to demonstrate a solid knowledge of the rules of lacrosse, and should adhere to the rules in both the letter and the spirit of the game.
- + Coaches should provide a basic knowledge of the rules to both players and spectators within his/her program. Attempts to manipulate rules in an effort to take unfair advantage of an opponent, or to teach deliberate unsportsmanlike conduct, is considered unacceptable conduct.
- + Eligibility requirements, at all levels of the game, must be followed. Rules and requirements such as age, previous level of participation, team transfers, etc, have been established to encourage and maximize participation, fair play and to promote safety.

For more information call: 410.235.6882 x102

To renew, choose one of the following:

Mail to: 113 West University Pkwy • Baltimore, MD 21210-3300

Fax to: 410.843.0390

Log on to: www.uslacrosse.org

Coastal Lacrosse Checklist

Players' Name _____

- Registration Form/Waver
- Payment for League Fee
- US Tax Form **OR** Online Paid Verification
- Team Uniform Order Form for Boys
- \$25.00 payment for uniform shorts
- Team Uniform Order Form for Girls
- \$20.00 payment for uniform skirt

Thank you for registering for Coastal Lacrosse Club. Please complete the checklist and mail it along with your registration packet to the address below. Please make sure your Health Insurance **Policy #** is on your Registration Form **AND** US Tax Form. Your registration packet will not be complete without this information.

Coastal Lacrosse Club
12501 Nature Park Drive
Ocean City, Maryland 21842

Coastal Lacrosse Club

2012 Season Player Participation Form

PLAYER INFORMATION

Player's Name: _____ male female Date of Birth: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ School: _____ Grade: _____
E-Mail: _____ Alternate E-Mail Address for Notifications: _____

PARENT INFORMATION

Father's Name: _____ Work #: _____ Cell #: _____
Mother's Name: _____ Work #: _____ Cell #: _____
Emergency Contact Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Does your child have any medical problems such as: asthma, seizures, diabetes, allergies, nose bleeding, or attention disorders?

Yes No If yes, please explain. _____

Insurance Company: _____ Policy Number: _____

You MUST include your insurance policy number for your child's 2012 US Lacrosse Membership. Registration will be incomplete without it.

Consent and Liability Waiver-Release of all claims (must be signed to participate)

I, the parent/guardian of _____ and with legal responsibility for him/her do acknowledge and agree that: (1) the risk of injury from participating in lacrosse is significant and does exist; (2) I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my child's participation in various events; (3) My child and I agree to follow all laws, rules, and guidelines regulating the conduct of the league; (4) I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained the equipment from Coastal Lacrosse Club; and (5) my child has been examined by a physician and is fit and able to play the game of lacrosse. I, as parent/guardian of the applicant, acknowledge the above (5) statements and for myself, heirs, assigns, and next of kin agree to indemnify and hold harmless Coastal Lacrosse Club, Inc. Board of Directors, coaches, administrative staff and other involved parties from any and all liabilities, claims, demands, and causes of action whatsoever resulting from my child's participation in the various events. In addition, I give permission for my child to receive emergency medical treatment if necessary and hereby authorize Coastal Lacrosse Club to consent to this medical treatment for my child. I understand that every attempt will be made to contact me before taking this action.

Parent/Guardian Signature

Date

\$85.00 League Fee for the 1st child registering **Special Family Discount** \$75.00 League Fee for 2nd child registering \$50.00 Scoopers
(This fee includes your \$25.00 US Lacrosse Membership)

Please mail registration to: Coastal Lacrosse Club 12501 Nature Park Drive Ocean City, MD 21842

Make checks payable to: **COASTAL LACROSSE CLUB** **Total Amount Enclosed:** _____

Please don't forget to enclose your US Tax Form, Team Uniform Order and payment for your skirt (\$20) or shorts (\$25).

Enclosed: ___ Registration Form ___ Team Uniform Order ___ US Lacrosse Form ___ Payment

We need your help. Would you be interested in coaching or volunteering for Coastal Lacrosse? _____

Player and Parent Code of Conduct forms will be signed the first week of practice.

For more information, please visit our website at www.coastallaxclub.com

Coastal Lacrosse Club

Team Uniform Order for Girls 2012

Player: _____

Level of Play: Scoopers U-9 U-11 U-13 U-15

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Team Jersey: Youth Sm. Med. Lg. Adult XS Sm. Med. Lg.
(Circle size choice.) (Circle size choice.)

Jerseys will be collected at the end of the season.

Navy Blue Lax Skirt: \$20.00
Youth Sm. Med. Lg. Adult XS Sm. Med. Lg.
(Circle size choice.) (Circle size choice.)

Coastal Lacrosse Club Socks \$9.00 (Circle design choice) Checkerboard or Coastal Logo

Total Amount Enclosed: _____

Please make checks payable to Coastal Lacrosse Club.

Please do not write below this line.
Reserved for Coastal Lacrosse Uniform Committee.

Team: _____

Coach: _____

Jersey Number Assigned to Player: _____

Coastal Lacrosse Club

Team Uniform Order for Boys 2012

Player: _____

Level of Play: Scoopers U-9 U-11 U-13 U-15

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Team Jersey: Youth Sm. Med. Lg. Adult Sm. Med. Lg. XL
(Circle size choice.) (Circle size choice.)

Jerseys will be collected at the end of the season.

Lax Shorts: \$25.00

Youth Sm. Med. Lg. Adult Sm. Med. Lg.
(Circle size choice.) (Circle size choice.)

Jerseys run a bit small. We recommend ordering a size up.

Coastal Lacrosse Shooting Shirt with Name on Back \$20.00 Name Request: _____

Teal or White Size: Youth S M L XL Adult S M L XL (Circle Color and Size)

Coastal Lacrosse Club Socks \$9.00 (Circle design choice) Checkerboard or Coastal Logo

Total Amount Enclosed: _____

Please make checks payable to Coastal Lacrosse Club.

Please do not write below this line.
Reserved for Coastal Lacrosse Uniform Committee.

Team: _____

Coach: _____

Jersey Number Assigned to Player: _____

